



Please type a plus sign (+) inside this box → ☐

PTO/8B/21

OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

AP7 1626 \$70

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/827,023
Filing Date	April 19, 2004
First Named Inventor	Bruce Blazar, et al.
Group Art Unit	1636
Examiner Name	Tara L. Garvey.

Total Number of Pages in This Submission

Attorney Docket Number 46483-0096-US
(204682)

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment/Reply
<input checked="" type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input checked="" type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application

<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Drawing(s) - Figs.

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s)
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Copy of previously filed Revocation of Power of Attorney and Appointment of New Attorney |
|--|---|---|

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Drinker Biddle & Reath LLP
Signature	
Printed Name	Kathryn Doyle, Ph.D., J.D., Registration No. 36,317
Date	September 18, 2007

CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this paper, along with any documents referred to as being enclosed therewith, is being deposited with the United States Postal Service in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:.

Typed or printed name	Lisa R. Haines	Date: September 18, 2007
Signature		

dep